

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-043379

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 187 Primary Registration District No. 5702 Registrar's No. 238

FILED DEC 3 1962

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Livingston</u>	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Mooreville Twp.</u>	a. STATE <u>Missouri</u>	b. COUNTY <u>Livingston</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Family home</u>		c. CITY OR TOWN <u>Rural</u>	d. STREET ADDRESS <u>Rt. 2, Breckenridge, Mo.</u>
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First <u>JOSEPH</u>		Month <u>Nov.</u>	
Middle <u>ANDREW</u>		Day <u>26,</u>	
Last <u>ANDERSON</u>		Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2/1/78</u>
9. AGE (last birthday) <u>84</u>		10. IF UNDER 1 YEAR Months <u> </u> Days <u> </u>	
11. BIRTHPLACE (City and state or country) <u>Livingston Co., Mo., USA</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>James F. Anderson</u>		13b. MOTHER'S MAIDEN NAME <u>Letitia Crews</u>	
14. NAME OF HUSBAND OR WIFE <u>Margaret</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. INFORMANT <u>Mrs. Margaret Anderson</u>		17. ADDRESS <u>Breckenridge, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Medullary Failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Cerebral Thrombosis</u> DUE TO (c) <u>Cerebral arteriosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Seconds</u> <u>Minutes</u> <u>years</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Coronary artery disease</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u> </u> a.m. <u> </u> p.m. <u> </u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Breckenridge, Mo.</u>	
21. I attended the deceased from <u>Oct. 26, 1959</u> to <u>Nov. 26, 1962</u> and last saw him alive on <u>Nov. 24, 1962</u> Death occurred at <u>5:10A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		22. SIGNATURE (Degree or title) <u>Woodlough</u>	
23a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Nov. 28, 1962</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Resthaven Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Chillicothe, Mo.</u>	
24. FUNERAL DIRECTOR <u>Donald Gordon, Chillicothe, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Nov 28, 1962</u>	
26. REGISTRAR'S SIGNATURE <u>Armaue Taylor</u>		27. DATE SIGNED <u>11-28-62</u>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

USE BLACK INK
OR
TYPEWRITER RIBBON

VS 300
Rev. 4/59

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STATE OF MISSOURI

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Richard W. Bandall

Licensed Embalmer No. 4866

P. O. Address Chillicothe, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

*If this body is not embalmed, fact should be so stated above.